



AF/1642
#

Practitioner's Docket No. U 013571-6

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Dmitry Vladimirovich ZYBIN, et al.

Serial No.: 09/890,496

Group No.: 1642

Filed: July 31, 2001

Examiner: K.A. Canella

For: APPLICATION OF POLYACRYAMIDE GEL FOR FORMING A CAPSULE IN THE TISSUE OF A MAMMAL ORGANISM, METHOD FOR CULTIVATING CELLS AND METHOD FOR THERAPY OF ONCOLOGICAL DISEASES AND THE DIABETES MELLITUS

RESPONSE UNDER
37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
1642

RECEIVED

FEB 21 2003

TECH CENTER 1600, 2900

12
KJ
2-26-03

Box AF

Assistant Commissioner for Patents
Washington, D.C. 20231

NOTE: To take advantage of the expedited procedure the envelope in which this paper is mailed must be addressed as shown and must also be marked "Box AF" in the lower left hand corner. Alternatively, this paper can be hand carried to the particular Examining Group or other area of the Office in which the application is pending, in which case any envelope in which this paper is placed must be marked as in the bold type box above. Notice of Sept. 20, 1985 (1059 O.G. 19-20).

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

37 C.F.R. 1.8(a)

37 C.F.R. 1.10*

☒ with sufficient postage as first class mail.



as "Express Mail Post Office to Address"

Mailing Label No. _____ (mandatory)

TRANSMISSION

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Date: February 10, 2003

CYNTHIA R. MILLER

(type or print name of person certifying)

*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. 1.10(b).
"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

205.00 OP
00000008 09890496
02/20/2003 TTR#1
01 FC:2252

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

NOTE: *Response to Final Rejection—Avoiding Extension Fees* "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action. If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).

STATUS

2. Applicant is
☒ a small entity. A statement:
 ☐ is attached.
 ☒ was already filed.
☐ other than a small entity.

EXTENSION OF TERM

NOTE: *As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G. 34-35) states:*

"If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."

3. (complete (a) or (b), as applicable)

- (a) ☒ Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	one month	\$ 110.00	\$ 55.00
<input checked="" type="checkbox"/>	two months	\$ 410.00	\$ 205.00
<input type="checkbox"/>	three months	\$ 930.00	\$ 465.00
<input type="checkbox"/>	four months	\$ 1,450.00	\$ 725.00

Fee: \$ 205.00

If additional extension of time is required, please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 205.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	Addit. Fee
						OR	
Total	*	Minus	**	=	x \$ 9 = \$		x \$18 = \$
Indep.	*	Minus	***	=	x \$42 = \$		x \$84 = \$
[] First Presentation of Multiple Dependent Claim					+ \$140 = \$		+ \$280 = \$
					Total Addit. Fee \$	OR	Total Addit. Fee \$

* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: See 37 C.F.R. § 1.116.

(complete (c) or (d), as applicable)

(c) [] No additional fee is required.

OR

(d) [] Total additional fee required is \$ _____.

FEE PAYMENT

5. [X] Attached is a check in the sum of \$ 205.00.
 [] Charge Account No. _____ the sum of \$ _____.
 A duplicate of this transmittal is attached.

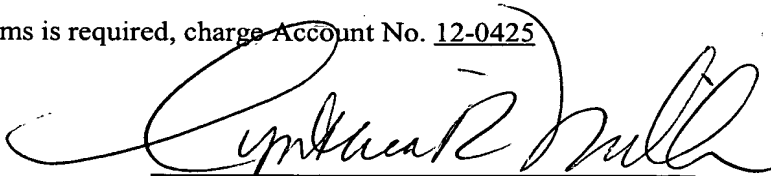
FEE DEFICIENCY

NOTE: *Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425



SIGNATURE OF PRACTITIONER

Reg. No.: 34,678

CYNTHIA R. MILLER

(type or print name of practitioner)

Tel. No.: (212) 708-1914

P.O. Address

Customer No.:

c/o Ladas & Parry
26 West 61st Street
New York, N.Y. 10023